

| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | |
|---|--|----------------------------------|-------------------------------|--|--|--------------------------------------|---------------------|---|------------------------|--|--|--|--|
| Date of Crash 05/08/2019 | | Time of Crash 11:48 24HR | | City/Town NEWTON | | Motor Vehicle Crash Police Report | | Number Vehicles 2 | Number Injured 0 | Speed Limit <u>25</u> Latitude _____ Longitude _____ | | State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/> | |
| AT INTERSECTION: | | | | < LOCATION > | | NOT AT INTERSECTION: | | | | | | 9 | |
| EAST WASHINGTON ST Route# Direction Name of Roadway/Street At | | | | Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ or _____ Mile Marker Exit Number | | | | | | | | 10 | |
| SOUTH PROSPECT ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with | | | | Feet N S E W of _____ Route# Intersecting Roadway/Street | | | | | | | | 11 | |
| Route# Direction Name of Intersecting Roadway/Street | | | | Landmark | | | | | | | | 3 | |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Case Number 190000472 | | | | | | | |
| License # --- St MA DOB/Age --- | | | | Reg # 788KV2 Reg Type PAN Reg State MA | | | | | | | | | |
| Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ | | | | Veh Year 2012 Veh Make NISSAN Veh Config. 1 20 | | | | | | | | | |
| Operator MCMULLIN RICHARD Last First Middle | | | | Owner (Same as operator) Last First Middle | | | | | | | | 12 | |
| Address 176 MAPLE AVE (apt. 5/36) | | | | Address _____ | | | | | | | | | |
| City RUTLAND State MA Zip 01543 | | | | City _____ State _____ Zip _____ | | | | | | | | | |
| Insurance Company LIBERTY | | | | Vehicle Action Prior to Crash 1 21 | | | | Damaged Area Code: (Circle Up to Three) | | | | | |
| Vehicle Travel Direction: N S <input checked="" type="checkbox"/> W Responding to Emergency? _____ | | | | Event Sequence 1 22 22 22 22 2 | | | | 3 4 | | | | | |
| Citation # (If Issued) _____ | | | | Most Harmful Event 1 23 | | | | 10 Undercarriage | | | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | | Driver Contributing Code 3 24 24 | | | | 5 11 Totaled | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | Underride/Override 25 Towed Y | | | | 6 | | | | | |
| Please fill out for operator and all occupants involved | | | | | | | | | | | | 13 | |
| Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility | | | | | | | | | | | | 1 | |
| Operator See Above | | | | ----- | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped | | | | | | | | | | | | | |
| License # --- St MA DOB/Age --- | | | | Reg # 9YY880 Reg Type PAN Reg State MA | | | | | | | | | |
| Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ | | | | Veh Year 2008 Veh Make NISSAN Veh Config. 1 20 | | | | | | | | | |
| Operator MAGAY ALEX Last First Middle | | | | Owner (Same as operator) Last First Middle | | | | | | | | | |
| Address 67 ASH ST | | | | Address _____ | | | | | | | | | |
| City WINCHENDON State MA Zip 01475 | | | | City _____ State _____ Zip _____ | | | | | | | | | |
| Insurance Company COMMERCE | | | | Vehicle Action Prior to Crash 1 21 | | | | Damaged Area Code: (Circle Up to Three) | | | | | |
| Vehicle Travel Direction: N <input checked="" type="checkbox"/> E W Responding to Emergency? _____ | | | | Event Sequence 1 22 22 22 22 2 | | | | 3 4 | | | | | |
| Citation # (If Issued) _____ | | | | Most Harmful Event 1 23 | | | | 10 Undercarriage | | | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | | Driver Contributing Code 1 24 24 | | | | 5 11 Totaled | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | Underride/Override 25 Towed Y | | | | 6 | | | | | |
| Please fill out for operator and all occupants involved | | | | | | | | | | | | | |
| Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility | | | | | | | | | | | | | |
| Operator/Non-Motorist See Above | | | | ----- | | | | | | | | | |
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

Operator of vehicle 1 stated he was traveling eastbound on Washington st and as he approached the intersection of Prospect St could not recall if the light was red or green but still preceded forward and was struck by vehicle 2.

Operator of vehicle 2 states he was sitting on Prospect St at the light on Washington St. When the light turned green he proceeded forward across Washington St when vehicle 1 came across his path and he struck it on the driver side.

Vehicle 1 had side airbag deployment. Both vehicles were towed by Todys. Both operators were evaluated by the medics and signed patient refusals.

Witnesses:

| Name (Last, First, Middle) | Address | Phone # | Statement |
|----------------------------|---------|---------|-----------|
| | | | |
| | | | |

Property Damage:

| Owner (Last, First, Middle) | Address | Phone # | 34-Type | Description of Damaged Property |
|-----------------------------|---------|---------|---------|---------------------------------|
| | | | | |
| | | | | |

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code